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| Application Number | 10/521,426 |
| Filing Date | 29 December 2004 |
| First Named Inventor | DAVOR J. RAOS |
| Art Unit | NOT ASSIGNED |
| Examiner Name | NOT ASSIGNED |
| Attorney Docket Number | 4800-0005US |

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**☒ Firm or
Individual Name

DAVOR RAOS

Address

2151 RIVIERA DRIVE

City

VISTA

State

CA

Zip

92084

Country

U.S.A.

Telephone

(760) 724-6124

Email

davorraos@earthlink.net

I am the:☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

DAVOR RAOS

Date

5/18/05

Telephone

(760) 724-6124

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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